

**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM
GENERAL PERMIT REGISTRATION STATEMENT
FOR POTABLE WATER TREATMENT PLANTS**

Please Type or Print All Information

1. APPLICANT INFORMATION:

- A. Name of Facility: _____
- B. Facility Owner: _____
- C. Owner's Mailing Address
1. Street or P.O. Box _____
2. City or Town _____ 3. State _____ 4. Zip Code _____
5. Telephone Number _____
6. Email Address _____
- D. Facility Location: _____
Street No., Route No., or Other Identifier
- E. Is the operator of the facility also the owner? ____ Yes ____ No
If No, complete F. & G.
- F. Name of Operator: _____
- G. Operator's Mailing Address
1. Street or P.O. Box _____
2. City or Town _____ 3. State _____ 4. Zip Code _____
5. Telephone Number _____
6. Email Address _____

2. FACILITY INFORMATION:

- Will this facility discharge to surface waters? ____ Yes ____ No
If yes, name of receiving waters _____
- Indicate if this type of water treatment plant has conventional treatment ____ or reverse osmosis ____
or both ____.
- Does this facility currently have an existing VPDES Permit?
____ Yes ____ No If yes, what is the Permit No. _____
- Indicate if the settling basins, lagoons, or both are earthen lined to a permeability of no greater than
 10^{-6} cm/sec? ____ Yes ____ No
- Does the facility have an existing VPDES permit containing a ground water monitoring plan?
____ Yes ____ No
If so, submit a copy of the DEQ approved ground water monitoring plan.
- Has this facility completed a Whole Effluent Toxicity evaluation? ____ Yes ____ No
If yes, provide the results of the evaluation required by 9 VAC 25-860-50 A.3.

3. MAP:

Attach a topographic map extending to at least one mile beyond property boundary; indicate location of facility, the discharge point(s) and the name of topographic quadrangle.

4. NATURE OF BUSINESS: (provide a brief description)

5. NUMBER OF OUTFALLS AND THE FLOW RATE:

Actual or projected wastewater flow (typical volume, duration of discharges and number discharges per day/week),

_____ no. outfalls _____ million gallons per day

6. FACILITY DRAWING AND TREATMENT INFORMATION:

Attach a schematic drawing showing the source(s) of water used on the property and the conceptual design of the methods of treatment and disposal of wastewater.

7. CHEMICALS USED:

Provide information on chemicals used in the treatment, to include; (1) description of chemical, and (2) the proposed or actual schedule and quantity of chemical usage. Attach a Material Safety Data Sheet (MSDS).

8. SLUDGE DISPOSAL:

Provide a description of how solids and residue from the settling basins are disposed, for example, landfill or land applied, etc.

9. CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Name of person signing above: _____
(printed or typed)

Title: _____

REQUIRED ATTACHMENTS:

Facility Drawing
Topographic Map
MSDS

For Department use only:

Accepted/Not Accepted by: _____ Date: _____

Basin _____ Stream Class _____ Section _____

Special Standards _____

**INSTRUCTIONS FOR COMPLETING THE REGISTRATION STATEMENT
FOR
THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
PERMIT
FOR POTABLE WATER TREATMENT PLANT (VAG64)**

WHO MUST FILE THE REGISTRATION STATEMENT

This registration statement must be completed and submitted by any potable water treatment plant requesting coverage under this general permit.

WHERE TO FILE THE REGISTRATION STATEMENT

The completed registration statement and appropriate application fee should be sent to the Department of Environmental Quality Regional Office for your area.

COMPLETENESS

Complete all items except where indicated, or enter NA for "not applicable" in order for your registration statement to be accepted. If you need more space than the form allows, write on and attach extra sheets of paper.

DEFINITIONS

SIC Codes mean the "Standard Industrial Classification" codes listed in the Federal Office of Management and Budget (OMB) SIC Manual, 1987 and used as identifiers of industries with certain characteristics.

Potable Water Treatment Plant, for the purposes of this form means establishments primarily engaged in distributing water for sale for domestic, commercial, and industrial use as designated by SIC 4941.

Wastewater is water that results from the treatment of potable water.

Reverse Osmosis means a method of water treatment that involves the application of pressure to a concentrated solution which causes the passage of a liquid from the concentrated solution to a weaker solution across a semi-permeable membrane. The membrane allows the passage of the solvent (water) but not the dissolved solids (solutes).

LINE BY LINE INSTRUCTIONS

Item 1. APPLICANT INFORMATION

- Item A: Provide the name of the potable water treatment plant here.
- Item B: Provide the name of the person or corporation that owns the business. This does not have to be the owner of the building (e.g. if it is leased) but should be one who is responsible for the business and who wants coverage under the general permit.
- Item C: Provide the Facility operator's mailing address, telephone number and email address.
- Item D: Describe the nature of the business.
- Item E: If someone other than the owner listed in item B operates the portable water treatment plant and is the person with whom business will be conducted, check **No**. Otherwise check **Yes**.
- Item F: If **No** was checked above, indicate the name of the person other than the owner who operates the facility.
- Item G: Provide the address, telephone number and email address of the person other than the owner here.

Item 2. FACILITY INFORMATION

If the wastewater discharge will be to surface waters. Check **Yes**, and give the name of the receiving waters or municipal storm sewer owner. Otherwise check **No**.

Check if the water treatment plant has conventional treatment or reverse osmosis or both.

If this facility has previously been issued a VPDES permit, check **Yes** and list the VPDES Permit No(s).

If the settling basins and /lagoons earthen lined to a permeability of no greater than 10^{-6} cm /sec. Check **Yes**

Indicate if the existing VPDES permit contains a ground water monitoring plan by checking **Yes**.

If the facility has conducted a Whole Effluent Toxicity evaluation, check yes and indicate the results of the test.

Item 3. MAP

The map should be legible and of sufficient scale to show the required features with the site boundaries clearly marked. Copies of U.S. Geographical Survey 7.5 minute quadrangle maps are recommended.

Item 4. NATURE OF BUSINESS

Provide a brief description of the potable water treatment plant.

Item 5. NUMBER OF OUTFALLS

Provide the number of outfalls and the actual or projected wastewater flow.

Item 6. FACILITY DRAWING AND TREATMENT INFORMATION

The line drawing should show the source(s) of the water and the water's flow through all the treatment areas. List the dimensions or capacities for each unit in the treatment system (back wash, sedimentation basin, and decant water).

Item 7. CHEMICALS USED

List any chemicals added to the water that may be discharged.

Item 8. SLUDGE DISPOSAL

List the disposal method for solids in the basins, such as landfill or land applied, etc.

Item 9: CERTIFICATION

All registration statement shall be signed as follows:

1. For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;
2. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
3. For a municipality, state, federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a public agency includes: (i) The chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.